

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000089842**

1. Corporation Name

ALVAREZ AND ALVAREZ, DENTAL OFFICE, P.A.

Principal Place of Business

Mailing Address

12550 BISCAYNE BLVD. STE 308
NO. MIAMI FL 33181

12550 BISCAYNE BLVD. STE 308
NO. MIAMI FL 33181

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/27/1995

5. FEI Number

65-0625542

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ALVAREZ, JOSE J	12255 SW 10TH TERRACE	MIAMI FL 33184
D	ALVAREZ, NOLYRIS	12255 SW 10TH TERRACE	MIAMI FL 33184
			000002690800--4 -11/18/98--01071--023 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALVAREZ, JOSE J
12550 BISCAYNE BLVD. STE 308
NO. MIAMI FL 33181

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/98)

Alvarez & Alvarez Dental Office, P. A.

Suite 308
12550 Biscayne Boulevard
North Miami, Florida, 33181
U.S.A.

Phone (305) 893-1830
Fax (305) 891-0395

November 11, 1998

To whom it may concern:

We the above company never received any annual report application. That is the reason we did not file on time.

**At this time I'm enclosing a check for \$150.00 (per Lesley) to reinstate our corporation.
Document # P95000089842**

Please accept our apology. Should you need any further information please call me.

Sincerely,


**Michelle Delgado
Office Administrator**